

Case Number: CR

NAME: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Have you or members of your family received counseling or therapy as a result of this crime?
Please explain.**

Have you filed a civil suit against the defendant? If yes, please list the case name, court location, and docket number.

Do you relate to people differently since the crime? Please explain.

How has the crimes affected you and your family's lifestyle? Please explain.

Has the crime affected your family's livelihood? Please explain.

Have you experienced any of the following reactions to the crime:

PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION.

☐ Anger ☐ Anxiety ☐ Fear ☐ Grief ☐ Guilt ☐ Numb ☐ Sleep Loss ☐ Nightmares ☐
☐ Appetite Change ☐ Trouble Concentrating ☐ Repeated Memory of Crime ☐
☐ Chronic Fatigue ☐ Uncontrolled Crying ☐ Depression

Please describe any other reactions to the crime committed.

Do you feel the defendant is or will be a threat to you, your family or the community? ☐ Yes ☐ No Please explain.

What else would you like the Judge to know about the defendant, or your situation as a result of the crime.

1. Please list financial losses from this crime. Actual investment, **this does not include, loss of interest, or expected profit. Any repayment or partial repayment of your investment, must be deducted from the amount declared as loss.** Please attach receipts or other records, amount of loss must be verified.(Use additional paper if needed.)

2. Have you been assessed any additional taxes, penalties or interest by the federal or state government as a result of this case? If yes, please explain.

3. Have you or anyone on your behalf initiated civil action or bankruptcy action against any party as a result of this offense? If yes, please state the case name, docket number and court of jurisdiction.

4. If you have suffered any other expenses as a result of this crime, please list them below. Include such items as counseling, medical bills, lost income and necessary child care, transportation, and other expenses related to participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. Please be specific and attach copies of receipts if possible. If you have any questions, please contact the Victim Witness Coordinator 1 800-273-9606 for assistance.

I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____

Printed Name: _____

Date: _____

CONFIDENTIAL

UNITED STATES v.
Case Number: CR

The address and telephone contact information provided below will only be provided to the pre-sentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and attorney for the defendant.

Name: _____

Printed Name: _____

Address _____

Phone: (hm)_____ (wk)_____